## MULTIPLE D. DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/531038

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER 1° AMENDMENT		AFTER 2 MAMENDMENT			AS	AS FILED		AFTER I AMENDMENT		AFTE	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	END	
1							51		1 22	11.10.	DEI.	IND.	┼	
2		1					52		<del></del>				╁╴	
3							53		<u> </u>				1-	
4			<u></u>				54						╁╴	
5							55					<u> </u>	1	
6		1					56						1	
7							57		1				1	
8	<del> </del>	<u>                                     </u>					58						1	
9							59						1	
10							60						1	
11							61							
12		<u> </u>					62							
13							63							
14		4,					64							
15							65							
6		4.					66					I		
7		<del>       </del>					67	<del> </del>						
8		<del>'/,  </del>					68	<del> </del>				]		
20		-/					69		<b>——</b>					
1		<del>',</del>		<del></del>		{	70		<b>├</b> ─- <b>!</b>					
2					<del>  </del> -		71		<u> </u>					
3		7	<del></del>				72 73	<del></del>						
4		<del>',  </del>				<del> </del>	74	╁──┈						
5	7	<del>-/ </del>					75					——		
6	7		<del></del>				76	<del> </del>				<u> </u> .		
7		7					77	1			<del> </del>		-	
8		7			<del> </del>	$\neg \neg$	78	1						
9		1					79						_	
0							80	1						
1		I					81				•	•		
2							82				W.Z.			
3		L					83							
4	1						84							
5							85							
6							86	•						
7							87		i.		·			
8							88							
2							89							
0							90	<b> </b>			<u> </u>			
						<del> </del>	91							
2	<del></del>	}-		<del></del>  -	<del></del>		92	<b>{</b>			<u> </u> -			
3 4							93	<del>  </del>		<del></del>	<del> </del> -	<del> </del> -		
5				-	<del></del> -		95		<del></del>					
5				<del></del>	<del></del>		96	<del>                                     </del>	<del></del>		<del></del>	<del>-                                    </del>		
7		-					97	<del>                                     </del>	<del></del>	<del>.  </del>	<del></del>	<del>-  -</del>		
3			<del></del>	-	<del></del>	-	98	<del>                                     </del>					_	
<del>;</del>			<del></del> -		<u> </u> -		99	<del>                                     </del>	<del></del>	<del></del>				
	<del></del>						100			- +				
Dr. 9	3	#		#		#	TOTAL IND.		#		#		1	
02	7.	<b>←</b> 「		<b>-</b>			TOTAL DEP		<b>#</b>		<del>-</del>		(=	
u 4)							TOTAL CLAIMS						W.	